

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091199,786

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
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50						
TOTAL IND.	6					
TOTAL DEP.	15	↔	↔	↔	↔	↔
TOTAL CLAIMS	21					

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IND.		
DEP.		
TOTAL CLAIMS	21	